PTO/SB/22 (09-06) Approved for use through 03/31/2007. OMB 0651-0031

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TITION FOR EXTENSION OF TIME UNDER 37 CFR	.136(a) Docket Number (Optional)	Docket Number (Optional)				
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.F.		S1446.70000US01				
Application Number 10/702,099-Conf. #6804	Filed November 5	2003				
For METHODS AND APPARATUS FOR COMMUNICATION WITH AN ITEM	G CONDITION INFORMATION ASSOC	IATED				
Art Unit 2876	Examiner U. C. N	. Le				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time		ee below):				
Fee X One month (37 CFR 1.17(a)(1)) \$1	Small Entity Fee 0 \$60 \$	60.00				
Two months (37 CFR 1.17(a)(2)) \$4	· -					
	,					
	<u> </u>					
Four months (37 CFR 1.17(a)(4)) \$15	· -					
Five months (37 CFR 1.17(a)(5)) \$21	0 \$1080 \$ _					
Applicant claims small entity status. See 37 CFR 1.2						
X A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge for	es in this application to a Deposit Accou	nt.				
The Director is hereby authorized to charge any fees						
Deposit Account Number 23/2825 . I	nave enclosed a duplicate copy of this s	neet.				
—		•				
I am the applicant/inventor.	1					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
attorney or agent of record. Registrati	n Number					
x attorney or agent under 37 CFR 1.34.		,				
Registration number if acting under 37 C	R 1.34 54,986					
Mehson Beach						
Signature	Date					
Melissa A. Beede Typed or printed name		(617) 646-8000 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of 1 forms are submitted.		,				

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Janet D'Annunzio-Ellis)

04/23/2007 CCHAU1

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PTO/SB/17 (02-07)
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nder the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Num	nber	10/702,099-Conf. #6804				
FEE TRANSMITTAL			Filing Date		November 5, 2003			
For FY 2007		First Named Inv	entor	Rupert A. Schmidtberg				
		-	<del></del>	Examiner Name		U. C. N. Le		
	nt claims small entity sta	atus. See 37 CFR 1.27		Art Unit		2876		
TOTAL AMOU	NT OF PAYMENT	(\$) 120.00		Attorney Docket	No.	S1446.70000U	JS01	
METHOD OF	PAYMENT (chec	k all that apply)						
x Check Credit Card Money Order None Other (please identify):								
Deposit Ac	count Deposit Accoun	t Number: 23/2825 D	eposit Acco	ount Name:	Wolf,	Greenfield & Sa	acks, P.C	<u> </u>
For the	above-identified dep	posit account, the Di	rector is	hereby authorize	ed to: (che	ck all that apply)		
c	harge fee(s) indicate	ed below		Charge	e fee(s) in	dicated below, ex	cept for t	he filing fee
	harge any additiona e(s) under 37 CFR		nents of	x Credit	any overp	payments		
FEE CALCU	LATION							
1. BASIC FILIN	IG, SEARCH, AND							
	F	ILING FEES Small Entity	SEA	RCH FEES Small Entity	EXAMI	NATION FEES Small Entity		
Application T	<u>ype</u> <u>Fee</u>		Fee (\$)		Fee (\$)		Fees I	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CL	AIM FEES			-				Small Entity
	Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025							Fee (\$) 25
Each independe	ent claim over 3 (inc	cluding Reissues)					200	100
Multiple depen-	dent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)	<u>N</u>	lultiple Depende	nt Claims	
40 -41 = 0 x 0 =			<u> </u>	<u>F</u>	<u>ee (\$)</u> <u>F</u>	ee Paid (	<u>5)</u>	
HP = highest num	nber of total claims paid f	or, if greater than 20.						_
Indep. Claims	Extra Claims	Fee (\$)		aid (\$)				
3	-3 = 0	x 0 =		<u> </u>				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 (round <b>up</b> to a whole number) x =								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 60.00								
SUBMITTED BY Signature	101 1 30	10 - 0		Registration No.	54,986	Telephone	(617) 64	6 8000
<u> </u>		Beed		(Attorney/Agent)	<del>54</del> ,866	<del>-,</del>	(617) 64	
Ivame (Print i ype)	Name (Print/Type) Melissa A. Beede Date April 20, 2007				, 200 <i>1</i>			

Other (e.g., late filing surcharge): 1251 Extension for response within first month						60.00	
SUBMITTED BY							
Signature	Maisa	Beede	Registration No. (Attorney/Agent)	54,986	Telephone	(617) 646-8000	
Name (Print/Type)	Melissa A. Beed	,			Date	April 20, 2007	
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						1179544.1	